COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CUTTING INSER	FAND METHOD	
ne specification of which (check only one item below): I is attached hereto, and was amended on		_ (if applicable).
was filed as United States application number and was amended on	on (if applicable).	
was filed as PCT international application numband was amended on	er PCT/SE03/0011 (if applicable).	on June 24, 2004

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UN 35 U.S.C. §§119, 172 or
SWEDEN	0201985-9	06/26/2004	¥Yes □No
			☐ Yes ☐ No
			☐Yes ☐No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No



I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

I hereby declare that all statements made herein of my of made on information and belief are believed to be true; at the knowledge that willful false statements and the like so both, under Section 1001 of Title 18 of the United States jeopardize the validity of the application or any patent is:	and further that these sta to made are punishable b tode and that such willi	tements were made with by fine or imprisonment, or	
NAME OF SOLE OR FIRST INVENTOR			
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME		
Thomas	NORSTRÖM		
INVENTOR'S SIGNATURE Thomas North		OFOZIO	
RESIDENCE (City, State & Country)		CITIZENSHIP	
FAGERSTA, SWEDEN		SWEDEN	
MAILING ADDRESS (Complete Street Address including City, State PARKVÄGEN 43 S-737 31 FAGERSTA, SWEDEN	e, Zip & Country)		
NAME OF SECOND INVENTOR			
GIVEN NAME (first and middle (if any)) FAMILY NAME OR SURNAME			
Mats	JONSSON		
INVENTOR'S SIGNATURE		050210	
RESIDENCE (City, State & Country)		CITIZENSHIP	
HEDEMORA, SWEDEN		SWEDEN	
MAILING ADDRESS (Complete Street Address including City, Stat BRUNNA 10 S-776 12 HEDEMORA, SWEDEN	e, Zip & Country)		
NAME OF THIRD INVENTOR			
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME		
INVENTOR'S SIGNATURE		DATE	
RESIDENCE (City, State & Country)	`	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State	te, Zip & Country)		

